



LOS ANGELES COUNTY
WELFARE TO WORK BULLETIN

NUMBER: W00-1 SUBJECT: Financial Reporting Forms (3rd Revision)
DATE: February 2, 2000 EFFECTIVE DATE: Immediately PAGE 1 of 1

TO: ALL WELFARE-TO-WORK SERVICE PROVIDERS

The purpose of this bulletin is to provide updated information and clarification regarding financial reporting forms for the Welfare-to-Work (WtW) program. Two of the forms have been revised, Request for Cash and the Invoice. These new forms are effective immediately upon receipt of this bulletin.

Two originals of each of the following documents are due the 5th working day of each month: Request for Cash, Invoice, Monthly Summary of Expenditures, and Interim Participant Report. Please note: the Monthly Summary of Expenditures and Interim Participant Report are due on the 5th working day of each month regardless of whether or not an invoice request is submitted.

Please refer to the appropriate OMB Circulars and CFRs regarding documentation of allowable line item expenditures/budget maintenance for your records. Appropriate OMBs and CFRs consist of OMB A-21, A-87, A-102, A-110, A-122, A-133, 20 CFR Part 645, 29 CFR Part 95, 29 CFR Part 97, 41 CFR Part 31, 45 CFR Part 74, or 48 CFR Chap. 1-31. These OMB Circulars and CFRs may be accessed over the Internet.

Please submit all forms to:

Community and Senior Services Department
3175 West Sixth Street
Los Angeles, CA 90020-1708
Attn: Maggie Mireles, Special Projects Unit, **Box 15**

If you have any questions, please contact a WtW Analyst: Vicki Doolittle at (213) 738-3081, Shirley Hassell at (213) 351-8923, or Karen Herberts at (213) 351-8924.

Kenneth Kessler, Director
Employment and Training

Enclosures

WELFARE-TO-WORK REQUEST FOR CASH

Agency:	CSS STAFF USE ONLY		
Address:	WtW Program Mgr Approval:	Date:	
City: State: Zip:	Fiscal Review:	Date:	
Contract No.:	Fiscal Approval:	Date:	
Request Period:	Req. No.:	Amount Paid:	Enc. No.:

COST REIMBURSEMENT			
	Administration	Program	TOTAL
CURRENT BUDGET			
Cash Received			
Cash Disbursed			
Cash Balance			
Cash Requested			

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to local, state or federal officials as required by appropriate laws.

Prepared By: _____ Title: _____

Date: _____ Phone: _____

Authorized Signature: _____ Date: _____

**WELFARE-TO-WORK
INVOICE**

CONTRACT#: _____

Invoice Period: _____

Agency Name: _____

Prepared By: _____

Phone: _____

CHARGES	RECAP OF COSTS		TOTAL
	Administration	Program	
<i>Current Budget</i>			
Prior Period			
Current Period			
Cumulative			
Estimated Needs ♦			
Total			

♦ Describe Estimated Needs over and above normal monthly operating expenses (e.g., one time purchase of equipment).

Estimated Needs: _____

Contractor Name & Address		2. Contract Number:	
		3. Grant Code:	
		4. Report Period Ending:	
I. CONTRACT INFORMATION		CURRENT INFORMATION	
1. Year of Appropriation			
2. Report Revision Number			
3. Contract Term:	From To		
4. Total Contract Funding:			
5. Final Report (Y/N/C)			
II. CUMULATIVE EXPENDITURES BY ACTIVITY		70%	30%
1. Community Services			
2. Work Experience			
3. Public - Job Creation Wage Subsidies			
4. Private - Job Creation Wage Subsidies			
5. On-the-Job Training			
6. Job Readiness Services Vouchers			
7. Job Readiness Services Sub-Contracts or In-House			
8. Job Placement Services Vouchers			
9. Job Placement Services Sub-Contracts or In-House			
10. Post-Employment Services Vouchers			
11. Post-Employment Services Sub-Contracts or In-House			
12. Job Retention and Supportive Services			
13. Individual Development Accounts			
14. Intake, Assessment, Eligibility Det. & Case Management			
III. CUMULATIVE EXPENDITURES			
1. Total Expenditures by Activities (sum of II - 1 through 14)		70%:	30%:
2. Total Administration (% Maximum)		70%:	30%:
3. Total Technology/Computerization		70%:	30%:
4. Total Required Beneficiaries - 70% (sum of 70% III1. + III2. + III3.)			
5. Total Other Eligibles - 30% (sum of 30% III1. + III2. + III3.)			
6. Total WtW Expenditures (sum of III4. + III5.)			
IV. OTHER REPORTABLE ITEMS			
1. Nonfederal Match			
2. In-Kind Match			
3. Program Income Earned			
4. Program Income Expended			
5. Unliquidated Obligations			
6. Total Cash Received			
V. COMMENTS:			
VI. CERTIFICATION: I certify to the best of my knowledge and belief that this report is correct and that all outlays and unpaid obligations are for the purpose set forth in the subgrant.			
Name	Title	Phone No.	Signature
Contact Person	Title	Phone No.	Date Submitted

Heading Information

Item	Instructions
1. Contractor name and address	Enter the name and address of your agency.
2. Contract Number	Enter the assigned Contract Number.
3. Grant Code	Enter the JTA three-digit numeric code assigned to each funding source by JTPD (i.e., 800, 805, or 815). Use only one grant code per form.
4. Report Period Ending	Enter the ending Month and Year of the report period for which this report is prepared. (i.e., MM/YY)

Section I. Contract Information

Item	Instructions
1. Year of Appropriation	Enter the YOA. (The YOA is the federal fiscal year that the funds were allotted (i.e., 1997 or 1999).)
2. Report Revision Number	Enter the revision number of this report. If this report is the initial report for the reporting period, enter "00." If this report is the first revision, enter "01" and so forth.
3. Contract Term From: To:	Enter the beginning (From) and ending (To) dates for the contract being reported.
4. Total Contract Funding	Enter the total amount of funds available for expenditure during the reporting period. This is the sum of initial allocation and adjustments.
5. Final Report (N/Y/C)	Enter an "N" (No) if this is not a final report. Enter an "Y" (Yes) if this is a final report. Use this option when the funds have been fully expended and you do not wish to submit further reports until closeout. Enter a "C" (Closeout) for a Closeout Report.

Section II. Cumulative Expenditures by Activity

Item	Instructions
Cumulative Expenditures by Activities Items 1 through 14	<p>Enter the cumulative accrued expenditures for the appropriate activities identified. The amounts reported in Items 1 through 13 should only include the specific costs of these activities. Intake, assessment, eligibility determination, etc., should be reported in Item 14. Allocable Administration costs should be reported as appropriate in Section III, Item 2.</p> <p>Please utilize the separate columns for 70% and 30% Groups.</p> <p>The expenditures for Job Readiness, Job Placement, and Post-Employment Services that are not provided through the use of vouchers or contracts, but are provided as part of a comprehensive community service, work experience, or on-the-job training program, are to be included in the amounts reported at Items 1, 2, and 5. Note: Only include expended portion of vouchers or contracts. Do not include the half holdback for 6-month placement in the workforce until the expenditure has been incurred. 20CFR 645.220 and 645.230(a)(3)</p> <p>The State has adopted and defined the following WtW activities:</p> <p>Community Service means positions with public or private nonprofit employers. Participants in community service positions funded through the WtW grant program are considered temporary employees, will apply for the work and be subject to hiring and termination by the employer, and will be expected to perform work for the benefit of the employer. The activity must comply with the anti-displacement provisions contained in state law.</p>